

NEVADA DIVISION OF ENVIRONMENTAL PROTECTION
CLEAN WATER ACT §401 WATER QUALITY CERTIFICATION
APPLICATION FORM

1. Name of Project:				
2. Applicant's Information:			3. Agent's Information:	
Name:			Name:	
Address:			Address:	
City:			City:	
State:			State:	
Zip Code:			Zip Code:	
Phone:		Fax:	Phone:	
			Fax:	
Email:			Email:	
4. Project Information:			5. Project Location: (Include Topo Map-7.5 min Scale)	
Address:			Latitude (UTM or Dec/Deg):	
City:				
State:			Longitude (UTM or Dec/Deg):	
County:				
Type of Waterbody:			Township:	Range:
				Section:
Name of Waterbody (if known):				¼ Section:
6. Project Description: (Include site plan with specific location and details of work elements)				
7. Quantity of Dredge and/or Fill Activity:				
a) Amounts of Fill or Excavation in Acres and/or Linear Feet:				
a.1) Temporary Impact:				
a.2) Permanent Impact:				
b) Amounts of Dredge Material to be discharged in Waters of the State in Cubic Yards:				
b.1) Temporary Impact:				
b.2) Permanent Impact:				
8. Best Management Practices (BMPs):				
(Describe BMPs to be implemented to Avoid and/or Minimize impacts to waters of the State, including sediment/erosion control measures, preservation of habitats, project scheduling, flow diversions, dewatering, etc.)				
9. Certification:				
I certify that the information in this application is complete and accurate and that I have personally examined and am familiar with the information in this application and any attached documents.				
Name and Title (Print)			Telephone Number	
Signature of Responsible Official			Date	